

ADULT'S MEDICAL RECORD

BOY SCOUTS OF AMERICA

Name _____ Age _____

Address _____ Phone _____

City _____ Zone _____ State _____

Married? _____ Single? _____

Last Employed (If Cook) _____

HEALTH HISTORY

Note to Applicant: For all camp leaders, cooks and other employees. (To be filled out by all adult campers including permanent camp staff, Scoutmasters, Troop Leaders, cooks and other food handlers, caretakers and drivers.)

The success of a camp is contingent on its happiness and that, in turn, depends greatly on its health. Scouts may move in and out every period, but the leaders carry on until the bugle plays "Colors" for the last time.

In order that he may do his part, every leader is urged to carefully fill out the Health History data requested below and to take it to a doctor in whom he has confidence, to secure the physical examination indicated on the back of this sheet.

Is your health, in general, good? _____

ARE YOU SUBJECT TO:

(Please answer yes or no)

Colds? _____ Poisonivy, Poisonoak or Poisonsumac? _____

Sinus Trouble? _____ Ear Trouble? _____

Cramps (in the water)? _____ Fainting Spells? _____

Convulsions? _____

HAVE YOU HAD:

Hernia (rupture)? _____ An attack of Appendicitis? _____

Scarlet Fever? _____ Rheumatic Fever? _____

St. Vitus Dance? _____ Infantile Paralysis? _____

Heart Disease? _____ Kidney Disease? _____

Asthma? _____ Malaria? _____

Have you had or been exposed to Tuberculosis? _____

Any other significant disease? _____

Are you nervous or get upset easily? _____

Have you been vaccinated against Smallpox? _____

Have you been immunized against Diphtheria? _____

Date _____ Signed _____

Applicant

MEDICAL EXAMINATION

Note to Examining Medical Doctor: The applicant for physical examination is to become associated with the Boy Scout program of activities. He will live in the open and take part in a program of strenuous outdoor activities. This is for your information so that you may take it into consideration in making your examination. The health history of the applicant on the reverse side may also be of help.

Is his Heart normal? _____ Are his lungs normal? _____

Is condition of his Nose and Throat satisfactory? _____

Do his Teeth need dental care? _____ Is his vision normal? _____

Is there any disorder of the Skin? _____

Are his Extremities normal? _____

Has he a hernia or any abnormality of the genitalia? _____

Was a Urine examination made? _____

(Knowledge of the sugar and albumin content of the urine makes it desirable to have a test made by the examining physician, or that a report of such a test be brought to him when he makes the complete examination.)

What steps have been taken to correct any abnormalities you have noted, or what recommendations do you make in regard to them? _____

When was he last given tetanus toxoid (not antitoxin)? _____

Is there any indication for restricting his physical activities in any way? _____

Date _____ Signed _____ M.D.

CAMP MEDICAL EXAMINATION AND RE-CHECK

Note to Local Council: It is of the greatest importance for the protection of each individual and of the entire camp population, that a re-check be made by a medical doctor, of the health condition of each Leader at the time of his arrival at camp (or at home on day of departure for camp). This may be very brief but must include observation of the throat, skin, eyes and stethoscopic examination of the heart and check for hernia. A re-check by a medical student, physical director or other layman is not acceptable. If there is no resident doctor at camp, the Local Council should arrange with one or more doctors in a nearby community or a medical member of the Health and Safety Committee to visit camp at the beginning of each period to make this recheck.

Is this Leader, to the best of your knowledge, free from any communicable disease and from your inspection of him and his health history, do you find him fit for all camp activities? _____

If applicant is to be a cook or food handler, does he have a certificate indicating that he has complied with the regulations of the State in which the camp is located? _____

Comments and Suggestions _____

Date _____ Signed _____ M.D.

CAMP HEALTH HISTORY

Arrival weight (in underwear) _____ Date _____ Departure weight (in underwear) _____ Date _____

Illness or injury at camp _____

Recommendations _____

MEDICAL EXAMINATION BY REGISTERED PHYSICIAN

NOTE TO EXAMINING MEDICAL DOCTOR: This boy is a Scout. He will participate in a program of camp activities which may include swimming, climbing and running. Your cooperation in making a careful examination will be greatly appreciated. To aid you in making this examination we have secured from his parents his health history record which will be found on the reverse side of this blank. Thank you.

Is his Heart normal? _____ Are his Lungs normal? _____

Is condition of his Nose and Throat satisfactory? _____

Do his Teeth need dental care? _____ Is his Vision normal? _____

Is there any disorder of the Skin? _____

Are his Extremities normal? _____ Has he a hernia or any abnormality of the genitalia? _____

Was a Urine examination made? _____

(Knowledge of the sugar and albumin content of the urine makes it desirable to have a test made by the examining physician, or that a report of such a test be brought to him when he makes the complete examination.)

Does he need to be vaccinated or protected against Diphtheria? (See last question on reverse) _____

What steps have been taken to correct any abnormalities you have noted, or what recommendations do you make in regard to them? _____

When was he last given tetanus toxoid (*not* antitoxin)? _____

Is there any indication for restricting his physical activities in any way? _____

Date _____ Signed _____ M.D.

CAMP EXAMINATION AND CAMP HEALTH HISTORY

It is of the greatest importance for the protection of each individual and of the entire camp population that a re-check be made by a medical doctor of the health condition of each Scout at the time of his arrival at camp (or at home on day of departure for camp).— This may be very brief but must include observation of the throat, skin, eyes and stethoscopic examination of the heart and check for hernia. A re-check by a medical student, physical director or other layman is not acceptable. If there is no resident doctor at camp, the Council should arrange with one or more doctors in a nearby community or a medical member of the Health and Safety Committee to visit camp at the beginning of each period to make this re-check.

Is this Scout, to the best of your knowledge, free from any communicable disease *and* from your inspection of him and his health history, do you find him fit for all camp activities? _____

Comments and Suggestions: _____

Date _____ Signed _____ M.D.

CAMP HEALTH HISTORY

Arrival Weight in Underwear _____ Date _____ Departure Weight in Underwear _____

Date _____ Illness or injury at Camp _____

Recommendations _____

SCOUT'S HEALTH HISTORY

This page is to be filled out carefully by parent or guardian of Scout before he takes it to a medical doctor for his pre-camp examination.

Scout's Name _____ Age _____

Home Address _____

Telephone No. _____ Type of Unit _____ No. _____
Troop, Squadron, Post, Ship, Outfit

Dates Registered for Camp _____

PLEASE NOTE: In order to assure the greatest degree of enjoyment and the fullest possible protection, each Scout is required to present evidence that his physical condition is such as to justify the expectancy of a healthy and safe camping experience.

The following information on the past health of your Scout son (or ward) is requested in order that the examining physician may have a basis for his examination. Please answer all questions.

Is his health in general, good? _____

Is he subject to (please answer *yes* or *no*):

Colds? _____ Poisonivy, Poisonoak, or Poisonsumac? _____

Sinus Trouble? _____ Ear Trouble? _____

Cramps (in the water)? _____ Fainting Spells? _____

Convulsions? _____

Has he had or has he been exposed to Tuberculosis? _____

Has he had:

A Hernia (rupture)? _____ An attack of Appendicitis? _____

Scarlet Fever? _____ Rheumatic Fever? _____

St. Vitus Dance? _____ Infantile Paralysis? _____

Heart Disease? _____ Kidney Disease? _____ Asthma? _____

Any other significant disease? _____

Is he nervous or does he get upset easily? _____

Has he been vaccinated against Smallpox? _____ Has he been immunized against Diphtheria? _____

Date _____ (Signed) _____

Parent or Guardian